

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19757433

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7							57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15							65						
16							66						
17				1			67						
18							68						
19				1			69						
20							70						
21				1			71						
22				1			72						
23							73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36							86						
37							87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43							93						
44				1			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			30				TOTAL DEP.						
TOTAL CLAIMS			34				TOTAL CLAIMS						